

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Chabez, Maria C		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): AKA Maria C Chavez		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1369		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 613 E Jackson Joliet, IL <div style="text-align: right; font-size: small;">ZIP Code 60432</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Will		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <div style="margin-top: 10px;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 </div>		
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Chabez, Maria C**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: Northern District of Illinois	Case Number: 03-35214	Date Filed: 8/26/03
Location Where Filed: See Attachment	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Chau T. Nguyen January 31, 2009
 Signature of Attorney for Debtor(s) (Date)
 Chau T. Nguyen #6293470

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and Exhibit C is attached and made a part of this petition.
☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Chabez, Maria C

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Maria C Chabez
Signature of Debtor Maria C Chabez

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

January 31, 2009
Date

Signature of Attorney*

X /s/ Chau T. Nguyen
Signature of Attorney for Debtor(s)

Chau T. Nguyen #6293470
Printed Name of Attorney for Debtor(s)

Legal Helpers, PC
Firm Name
Sears Tower
233 S. Wacker Suite 5150
Chicago, IL 60606

Address

(312) 467-0004 Fax: (312) 467-1832

Telephone Number

January 31, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

In re Maria C Chabez, Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION
Prior Bankruptcy Cases Filed Attachment

<u>Location Where Filed</u>	<u>Case Number</u>	<u>Date Filed</u>
Northern District of Illinois	01-19164	05/29/01
Will County	98-10126	04/02/98

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re Maria C Chabez

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Maria C Chabez
Maria C Chabez

Date: January 31, 2009

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re Maria C Chabez,
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	7,720.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	27		89,409.78	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,209.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,185.89
Total Number of Sheets of ALL Schedules		39			
Total Assets			7,720.00		
Total Liabilities				89,409.78	

United States Bankruptcy Court
Northern District of Illinois

In re Maria C Chabez,
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	2,209.00
Average Expenses (from Schedule J, Line 18)	2,185.89
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	2,691.43

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		89,409.78
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		89,409.78

B6A (Official Form 6A) (12/07)

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with Mid America Bank.	-	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous used household goods	-	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Personal Used Clothing	-	400.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Employer - Term Life Insurance - no cash surrender value	-	0.00
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > 1,500.00
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		2008 Anticipated Federal Tax Refund	-	2,000.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > 2,000.00
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1996 Plymouth Breeze 100,000 miles Value per KBB PPV	-	1,110.00
		2002 Pontiac Sunfire 100,000 miles Value per KBB PPV	-	3,110.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 4,220.00
(Total of this page)
Total > 7,720.00

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking account with Mid America Bank.	735 ILCS 5/12-1001(b)	100.00	100.00
<u>Household Goods and Furnishings</u>			
Miscellaneous used household goods	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
<u>Wearing Apparel</u>			
Personal Used Clothing	735 ILCS 5/12-1001(a)	400.00	400.00
<u>Interests in Insurance Policies</u>			
Employer - Term Life Insurance - no cash surrender value	215 ILCS 5/238	0.00	0.00
<u>Other Liquidated Debts Owed Debtor Including Tax Refund</u>			
2008 Anticipated Federal Tax Refund	735 ILCS 5/12-1001(b)	2,000.00	2,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
1996 Plymouth Breeze 100,000 miles Value per KBB PPV	735 ILCS 5/12-1001(c)	1,110.00	1,110.00

Total: 4,610.00 4,610.00

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No.									
Value \$									
Account No.									
Value \$									
Account No.									
Value \$									
Account No.									
Value \$									
Subtotal (Total of this page)									
Total (Report on Summary of Schedules)								0.00	0.00

0 continuation sheets attached

In re Maria C Chabez

Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx-xx-1369			00 Bad Lease				3,305.00
Abbeywood Managment LLC Please Provide	-						
Account No. xx9194			08 Notice Only				0.00
ACA Recovery Inc 38 E Ridgewood Ave, #395 Ridgewood, NJ 07450	-						
Account No. xxx-xx-1369			06 Collection for Captial One Notice				0.00
Account Solutions Group LLC 205 Bryant Woods South Buffalo, NY 14228	-						
Account No. Medical Services			L5801426 Medical Services				289.00
Adventist La Grange Memorial Hospital Po Box 9234 Hinsdale, IL 60522	-						
Subtotal (Total of this page)							3,594.00

26 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx4801 AFNI, Inc 404 Brock Drive PO Box 3427 Bloomington, IL 61701	-	06 Collection for Sprint Notice				0.00
Account No. xxxx8791 Alliance One 1160 Centre Pointe Drive Suite 1 Mendota Heights, MN 55120	-	07 Notice Only				0.00
Account No. xxxxxxxxxxx9046 Allied Interstate 3000 Corporate Exchange Dr 5th Floor Columbus, OH 43231	-	06 Collection for ATT Notice				0.00
Account No. xxxxxx7745 America Online General Post Office PO Box 27156 New York, NY 10087-7156	-	03 Utility				95.60
Account No. xxx-xx-1369 Americredit 801 Cherry St Ste 3900 Fort Worth, TX 76102	-	00 Collection				4,615.75
Sheet no. <u>1</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,711.35

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4488		07				
AMO Recoveries 7535 NE Ambassador Place Suite B Portland, OR 97220	-	Notice Only				0.00
Account No. xxx-xx-1369		03				
Applied Cark Bank 4700 Echange Court Boca Raton, FL 33431	-	Credit Card				396.00
Account No. x8631		05				
Arrow Financial Services 5996 W Touhy Ave Niles, IL 60714	-	Collection for Zalutsky & Pinski Notice				0.00
Account No. xxxxx3251		05				
Asset Acceptance PO Box 2036 Warren, MI 48090	-	Collection for ATT Notice				0.00
Account No. xxxxxxxx9271		04				
Associated Pathologists of Joliet PO Box 8660 Saint Louis, MO 63126	-	Medical Services				115.33
Sheet no. <u>2</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						511.33

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369		02				
Associated Radiologists of Joliet 39069 Treasury Center Chicago, IL 60694	-	Medical Services				30.00
Account No. xxx-xx-1369		02				
At & T Wireless P O Box 6451 Carol Stream, IL 60197-6451	-	Utility				664.07
Account No. xxx-xx-1369		02				
AT&T PO Box 8100 Chicago, IL 60607	-	Utility				148.00
Account No. xxx-xx-1369		03				
AT&T Broadband P.O. Box 600 Portage, IN 46368	-	Utility				680.94
Account No. xxxx1137		06				
Bennet & DeLoney 1265 E Fort Union Blvd Suite 150 Midvale, UT 84047	-	Collection for Cottonwood Financial Notice				0.00
Sheet no. <u>3</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,523.01

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx0457 CAB Services 60 Barney Dr Joliet, IL 60435	-	04 Services				192.00
Account No. xxxx3527 Capital Management Services 726 Exchange Street - Suite 700 Buffalo, NY 14210	-	06 Collection for Captial One Notice				0.00
Account No. xxxx-xxxx-xxxx-7836 Capital One PO Box 30285 Attn: Bankruptcy Dept Salt Lake City, UT 84130-0285	-	01 Credit Card				875.37
Account No. xxx-xx-1369 CDA/Pontiac 415 E Main PO Box 213 Streator, IL 61364	-	05 Collection				416.00
Account No. xxx-xx-1369 Certege Recovery Services 3500 5th St. Northport, AL 35476	-	06 Collection for KB Toys Notice				0.00
Sheet no. <u>4</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,483.37

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx3870		06				
City of Naperville Finance Department 400 S Eagle St Naperville, IL 60540	-	Government debt				206.98
Account No. xxx-xx-1369		01				
Collection Co. of America 700 Longwater Dr. Norwell, MA 02061-1624	-	Collection				105.85
Account No. xx2127		06				
Collection Professionals Inc 1256 W Jefferson Suite 200 Joliet, IL 60435	-	Collecion for Crest Hill Family Dental Notice				0.00
Account No. xxx-xx-1369		99				
Com Ed Customer Care Center PO Box 805379 Chicago, IL 60680	-	Utility				230.86
Account No. xxx-xx-1369		04				
Cottonwood Financial Please Provide	-	Consumer Debt				837.85
Sheet no. <u>5</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,381.54

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxx-xx-1369		-	06 Collection for ATT Broadband Notice				0.00	
Credit Protection Association, LP 13355 Noel Road Dallas, TX 75240								
Account No. xxx-xx-1369		-	01 Collection for Health Services Systems Notice				0.00	
Creditors Discount & Audit 331 Fulton St Suite 535 Peoria, IL 61602								
Account No. Bxxxxx-Vx0937		-	08 Notice Only				0.00	
Creditors Discount & Audit Co 415 E Main St PO Box 213 Streator, IL 61364								
Account No. xxx-xx-1369		-	06 Medical Services				1,212.69	
Crest Hill Family Dental 2410-C Canton Farm Road Coal City, IL 60416								
Account No. xxxxxxxx2638		-	03 Collection for Pathology & Laboratory Consultants Notice				0.00	
Dependon Collection Services 7627 Lake St. 210 River Forest, IL 60305								
Sheet no. <u>6</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,212.69

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx7063 Dermatology Limited 2400 Glenwood Ave Suite 126 Joliet, IL 60435	-	02 Medical Services				416.00
Account No. xxxxxxxx6452 Discover Financial Services P.O. Box 3008 New Albany, OH 43054	-	92 Credit Card				10,284.00
Account No. xxx-xx-1369 Dr Augustine Roland 1301 Copperfield Rd Joliet, IL 60432	-	03 Medical Services				86.00
Account No. xxx-xx-1369 Dr Dolar Koya 2215 Theodore St Joliet, IL 60435	-	02 Medical Services				160.00
Account No. xxx-xx-1369 Dr Robert J Huvar 1112 S Washington Suite 202 Naperville, IL 60540	-	2005 Medical Services				21.40
Sheet no. <u>7</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 10,967.40

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369		2002				
Drive Financial PO Box 15316 Wilmington, DE 19850		2002 Dodge Intrepid 80,000 miles - Value per KBB PPV Repossessed in 2007				12,650.00
Account No. xxxxxx3000		00				
Drive Financial PO Box 5737 Carol Stream, IL 60197	-	Credit Card				681.26
Account No. xxx-xx-1369		05				
Dun & Bradstreet Receivable Mgmt 222 Pitkin St PO Box 280419 East Hartford, CT 06128-0419	-	Collection for Prodigy Communications Corp Notice				0.00
Account No. xxx-xx-1369		02				
Earthlink PO Box 530530 Atlanta, GA 30353	-	Utility				95.53
Account No. xxx-xx-1369		01				
Edward Hospital & Health Services 801 S Washington St Shorewood, IL 60404	-	Medical Services				23.07
Sheet no. <u>8</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						13,449.86

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369	-	05 Medical Services				334.00
Edward J Jorot 2301 Glenwood Ave Joliet, IL 60435						
Account No. xxxx8888	-	07 Medical Services				310.00
EM Strategies Ltd PO Box 1208 Bedford Park, IL 60499						
Account No. xxxxxxxxx1620	-	03 Collection for ATT Notice				0.00
Encore Receivable Management 400 N Rogers Rd Olathe, KS 66062						
Account No. xx0669	-	05 Collection for Nicor Gas Notice				0.00
ERSolutions 500 SW 7th Street, #A100 P.O. Box Box 9004 Renton, WA 98057						
Account No. xxx-xx-1369	-	05 Medical Services				139.70
F G Tomasik MD 700 W Jefferson St Joliet, IL 60431						
Sheet no. <u>9</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 783.70

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369		06				1,100.09
Fast Cash Advance 432L N Bolingbrook Drive Bolingbrook, IL 60440	-	Payday Loan				
Account No. xxx-xx-1369		99				3,977.00
Fidelity Financial Services PO Box 5429 Katy, TX 77491	-	Financial Services				
Account No. xx5876		06				0.00
Financial Recovery Services 802 N Clinton St Suite B Bloomington, IL 61702-1007	-	Collection for Providian Notice				
Account No. xxx-xx-1369		03				263.00
Fischer Mangold Joliet 7535 Southfront Rd Building B Livermore, CA 94550	-	Collection				
Account No. xxx-xx-1369		04				0.00
Frank E Jeffers III 127 W Willow Ave Wheaton, IL 60187	-	Collection for Jay W Zvolanek Noitce				
Sheet no. <u>10</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,340.09

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx7840 Genesis Clinical Labortory 3231 S Euclid Ave Berwyn, IL 60402	-	05 Medical Services				223.60
Account No. xxx-xx-1369 Gold Key Credit Inc 625 US Highway Suite 105 Key West, FL 33040	-	03 Collection				148.43
Account No. xxxx9310 Goodwin, Bryan, and Schill 23220 Chargin Blvd # 204 Beachwood, OH 44122	-	04 Collection for Earthlink Notice				0.00
Account No. xxx-xx-1369 Harvard Collection Services, Inc.* 166 W Washington Suite 300 Chicago, IL 60602	-	05 Collection for ComEd Notice				0.00
Account No. xxx-xx-1369 Health Services Systems 415 E Main St Streator, IL 61364	-	01 Medical Services				26.00
Sheet no. <u>11</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						398.03

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx6735 Hinsdale Orthopaedic Assoc PO Box 914 La Grange, IL 60525	-	07 Medical Services				705.00
Account No. xxx-xx-1369 Homecoming Financial Network 7801 Metro Parkway Suite 100 Minneapolis, MN 55425	-	06 Collection for Providian Notice				0.00
Account No. xx1685 HSSI DBA New Lenox Family Medicine PO Box 294 Bedford Park, IL 60499	-	08 Medical Services				175.00
Account No. DCxxxxxx0457 IMBS PO Box 189053 Plantation, FL 33318	-	05 Collection for Joliet Emergency Physicians Notice				0.00
Account No. xxx-xx-1369 Jay W Zvolanek DDS Please Provide	-	01 Judgement				1,083.00
Sheet no. <u>12</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,963.00

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. LT4123		2005				
JBC Legal Group 2 Broad Street, 6th Floor Bloomfield, NJ 07003	-	Collection for TCF Bank Notice				0.00
Account No. xxx-xx-1369		02				
Joliet Radiological Service Corp. 2208 Weber Rd Joliet, IL 60435	-	Medical Services				136.00
Account No. 7840		05				
Joliet Women's Health Center 201 N Hammes Ave Joliet, IL 60435	-	Membership				344.00
Account No. xxx-xx-1369		2003				
KB Toys Please Provide	-	NSU Checks				52.64
Account No. xxx-xx-1369		06				
KCA Financial Services, Inc 628 North Street PO Box 53 Geneva, IL 60134	-	Collection for Silver Cross Hospital Notice				0.00
Sheet no. <u>13</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						532.64

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxx-xx-1369		-	06 Collection for Earthlink Notice				0.00	
Kevin L String Co PO box 221406 Beachwood, OH 44122								
Account No. xxxxx4346		-	06 NSU Check				166.88	
Kroger Check Recovery Services PO Box 30650 Salt Lake City, UT 84130-0650								
Account No. xxx-xx-1369		-	01 Judgement for Abbeywood Management LLC Notice				0.00	
Lars Eric Ostling Please Provide								
Account No. xxx-xx-1369		-	03 Collection for Meijer Notice				0.00	
Martel Management Ince 5 E Long St PO Box 490 Columbus, OH 43216								
Account No. DCxxxxxx0457		-	05 Collection for Provena St Joseph Medical Center Notice				0.00	
Medical Recovery Specialists, Inc. 2200 E Devon Ave Ste 288 Des Plaines, IL 60018								
Sheet no. <u>14</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	166.88

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx3241 Meijer PO Box 3638 Grand Rapids, MI 49501-3638	-	00 Credit Card				240.33
Account No. xxxxx7155 Mid America Bank 55th & Holmes Ave Clarendon Hills, IL 60514-1500	-	06 Overdraft				766.88
Account No. xxx-xx-1369 Midwest Pediatrics LTD 2340 S Highland Suite 150 Lombard, IL 60148	-	03 Medical Services				288.02
Account No. xx6931 Millennium Credit Consultants PO Box 18160 West Saint Paul, MN 55118	-	07 Notice Only				0.00
Account No. xxx-xx-1369 National Revenue Corporation 880 Grier Drive PO Box 94617 Las Vegas, NV 89119	-	05 Collection for Providian Notice				0.00
Sheet no. <u>15</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,295.23

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxx-xx-1369		02 Collection				126.83	
NCO Financial 507 Prudential Rd. Horsham, PA 19044							-
Account No. xxx-xx-1369		04 Utility				19.90	
Netzero Please Provide							-
Account No. xxx-xx-1369		05 Utility				1,146.65	
Nextel Communications Please Provide							-
Account No. xxx-xx-1369		03 Utility				713.97	
Nicor Gas PO Box 310 Aurora, IL 60507							-
Account No. xxx-xx-1369		08 Notice Only				0.00	
Norman G Kalina 38 E Ridgewood Ave #395 Ridgewood, NJ 07450							-
Sheet no. <u>16</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,007.35

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Fxxx2120 Northland Group PO Box 390905 Edina, MN 55439	-	05 Collection for Captial One Notice				0.00
Account No. xxx0951 Ocwen Loan Services PO Box 740616 Atlanta, GA 30374	-	08 Collection				2,143.00
Account No. xxx-xx-1369 Office Max Please Provide	-	01 Credit Card				54.81
Account No. xxx-xx-1369 OSI Collection Services, Inc PO Box 922 Brookfield, WI 53008	-	05 Collection for Providian Notice				0.00
Account No. ILCxxx1673 Palmer, Reifler & Associates 1900 Summit Tower Blvd Suite 820 Orlando, FL 32810	-	05 Collection for Office Max Notice				0.00
Sheet no. <u>17</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,197.81

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369 Park Family Dental 24047 W Lockport St Suite 207 Plainfield, IL 60544	-	08 Medical Services				704.00
Account No. xxxxx1691 Pathology Laboratory Consultants 6965 Reliable Parkway Chicago, IL 60686	-	05 Medical Services				44.25
Account No. xxx-xx-1369 Payday Loan Store 211C S Larken St Joliet, IL 60436	-	06 Payday Loan				212.57
Account No. DCxxxxxx5580 Pellettieri & Associated, LTD 991 Oak Creek Drive Lombard, IL 60148	-	08 Notice Only				0.00
Account No. xxxxx7942 Portfolio Recovery Associates LLC Dept 922 PO Box 4115 Concord, CA 94524	-	08 Notice Only				0.00
Sheet no. <u>18</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						960.82

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx0685 Prairie Emergency Services PO Box 2669 Joliet, IL 60434	-	04 Medical Services				359.00
Account No. xxx-xx-1369 Prince-Parker & Associates PO Box 474690 Charlotte, NC 28247-4690	-	06 Collection for ATT Wireless Notice				0.00
Account No. xxx-xx-1369 Prodigy Communications 6500 River Place Blvd Building 3 Austin, TX 78730	-	02 Utility				53.97
Account No. xxx-xx-1369 Professional Account Management LLC Collection Services Division Milwaukee, WI 53201	-	06 Collection for TCF Bank Notice				0.00
Account No. xxx-xx-1369 Provena Saint Joseph Medical Center 333 North Madison Street Joliet, IL 60435	-	01 Medical Services				3,653.30
Sheet no. <u>19</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,066.27

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxxx-xxxx-1680 Providian PO Box 660509 Attn: Bankruptcy Dept Dallas, TX 75266-0509	-	99 Credit Card				1,316.58
Account No. xxxxxx1212 Quest Diagnostics 1355 Mittel Boulevard Attn: Patient Billing Wood Dale, IL 60191	-	06 Medical Services				155.00
Account No. xxx-xx-1369 Regional Adjustment Bureau PO Box 2209 Addison, TX 75001	-	06 Collection for Drive Financial Notice				0.00
Account No. xxx-xx-1369 Remedy Financial 701 N Green Valley Parkway Dept 200 Henderson, NV 89074	-	02 Collection				44.00
Account No. DCxxxxxx5580 Revenue Cycle Partners 2870 Stoner Court Suite 300 North Liberty, IA 52317	-	08 Notice Only				0.00
Sheet no. <u>20</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,515.58

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369		01				
Risk Managment Alternatives 1829 Reistertown Rd. Pikesville, MD 21208	-	Collection				0.00
Account No. xxx-xx-1369		06				
Roland Pediatrics 1301 Coperfield Ave Suite 201 Joliet, IL 60432	-	Medical Services				77.00
Account No. xxx-xx-1369		06				
Safeway PO Box 29239 Phoenix, AZ 85038-9239	-	NSU Check				25.00
Account No. DCxxxxxx5580		07				
Saint Joseph Medical Center 333 N Madison St Joliet, IL 60435	-	Medical Services				218.00
Account No. xxx-xx-1369		01				
Schottler & Zukosky LLC 230 W Monroe Suite 1420 Chicago, IL 60606	-	Collection				0.00
Sheet no. <u>21</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						320.00

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Fxxxxx5757		-	04 Medical Services			75.00
Silver Cross Hospital 1200 Maple Road Joliet, IL 60432						
Account No. xxx-xx-1369		-	04 Medical Services			769.39
Silver Cross Hospital 1200 Maple Road Joliet, IL 60432						
Account No. xxx-xx-1369		-	2005 Medical Services			604.10
Silver Cross Hospital and Med Cntr 1200 Maple Road Joliet, IL 60432						
Account No. xxx-xx-1369		-	01 Student Loan			21,292.00
SM Servicing PO Box 9500 Wilkes Wilkes Barre, PA 18773						
Account No. xxx-xx-1369		-	05 Utility			1,146.65
Sprint Customer Service PO Box 15955 Shawnee Mission, KS 66285						
Sheet no. <u>22</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 23,887.14

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369 Stark Agency 416 Home St Lansing, MI 48912	-	06 Collection				265.00
Account No. xxx-xx-1369 Superior Asset, Inc PO Box 1205 Oaks, PA 19456	-	05 Collection for ATT Wireless Notice				0.00
Account No. xxxxx7677 T-mobile Bankruptcy Department PO Box 37380 Albuquerque, NM 87176	-	05 Utility				152.28
Account No. xxx-xx-1369 TCF National Bank 800 Burr Ridge Parkway Burr Ridge, IL 60521	-	04 NSU Checks				148.43
Account No. xxx-xx-1369 Telecheck Recovery Services, Inc* 801 Adlai Stevenson Drive Springfield, IL 62703	-	05 Collection for TRS Recovery Services Notice				0.00
Sheet no. <u>23</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						565.71

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx7406		04				
Telecheck Recovery Services, Inc*		Collection for NSU Check				
801 Adlai Stevenson Drive	-					39.00
Springfield, IL 62703						
Account No. xxx1500		04				
Terrance OB-GYN SC		Medical Services				
1S132 Summit	-					791.00
Suite 305						
Oakbrook Terrace, IL 60181						
Account No. xxxxxx5050		05				
The Cash Store		Personal Loan				
1901 Gateway Dr	-					837.85
Irving, TX 75063						
Account No. xxx-xx-1369		00				
Tomasik, Francis G MD		Medical Services				
Please Provide	-					212.70
Account No. xxxx9453		07				
Toys R Us		Collection				
1 Geoffrey Way	-					93.00
Dept T5CKS						
Wayne, NJ 07470						
Sheet no. <u>24</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,973.55

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-1369		06				
Trauner, Cohen & Thomas 2880 Dresden Dr Atlanta, GA 30341-3920	-	Collection for ATT Wireless Notice				0.00
Account No. xxxxxxxxxx5741		05				
TRS Recovery Services, Inc 5251 Westheimer Houston, TX 77056	-	NSU Check				42.10
Account No. xxxxxxxx0667		07				
United Collection Bureau, Inc 5620 Southwyck Blvd Suite 206 Toledo, OH 43614	-	Notice Only				0.00
Account No. xxxxx4306		05				
United Financial Please Provide	-	Collection				800.00
Account No. xxxxx1656		05				
United Online Collections Division PO Box 6578-BD Westlake Village, CA 91359-9930	-	Collection for Netzero Notice				0.00
Sheet no. <u>25</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						842.10

B6F (Official Form 6F) (12/07) - Cont.

In re Maria C Chabez, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxxxxx6787		04 Utility				74.33	
US Cellular PO Box 94250 Palatine, IL 60094-4250	-						
Account No. xxx-xx-1369		02 Medical Services				1,685.00	
Zalutsky & Pinski LTD 20 N Clark St Suite 600 Chicago, IL 60602	-						
Account No.							
Account No.							
Account No.							
Sheet no. <u>26</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,759.33
Total (Report on Summary of Schedules)							89,409.78

In re Maria C Chabez

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re Maria C Chabez,
Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

B6I (Official Form 6I) (12/07)

In re Maria C Chabez

Debtor(s)

Case No. _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Dependent Dependent	AGE(S): 19 yrs 6 yrs
Employment:	DEBTOR	SPOUSE
Occupation	Medical Assistant	
Name of Employer	Family Medical Center of LaGrange	
How long employed	2 years	
Address of Employer	5201 Willow Springs La Grange, IL 60525	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 2,459.00	\$ N/A
\$ 0.00	\$ N/A

3. SUBTOTAL

\$ 2,459.00	\$ N/A
-------------	--------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ 340.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 340.00	\$ N/A
-----------	--------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,119.00	\$ N/A
-------------	--------

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): _____
12. Pension or retirement income
13. Other monthly income (Specify): _____

\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 90.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A
\$ 0.00	\$ N/A

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 90.00	\$ N/A
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,209.00	\$ N/A
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 2,209.00	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Debtor(s)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	475.00
a. Are real estate taxes included?	Yes _____ No <u>X</u>		
b. Is property insurance included?	Yes _____ No <u>X</u>		
2. Utilities:		\$	
a. Electricity and heating fuel			0.00
b. Water and sewer		\$	0.00
c. Telephone		\$	0.00
d. Other <u>See Detailed Expense Attachment</u>		\$	150.00
3. Home maintenance (repairs and upkeep)		\$	0.00
4. Food		\$	450.00
5. Clothing		\$	100.00
6. Laundry and dry cleaning		\$	75.00
7. Medical and dental expenses		\$	35.00
8. Transportation (not including car payments)		\$	350.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	150.00
10. Charitable contributions		\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)			
a. Homeowner's or renter's		\$	0.00
b. Life		\$	0.00
c. Health		\$	0.00
d. Auto		\$	27.89
e. Other _____		\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____		\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	0.00
b. Other <u>Student Loans</u>		\$	198.00
c. Other _____		\$	0.00
14. Alimony, maintenance, and support paid to others		\$	0.00
15. Payments for support of additional dependents not living at your home		\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	0.00
17. Other <u>See Detailed Expense Attachment</u>		\$	175.00

\$ 2,185.89

Debtor lives with parents and contributes to rent and cable/internet only. Otherwise, expenses are separate from parents.

a.	Average monthly income from Line 15 of Schedule I	\$	<u>2,209.00</u>
b.	Average monthly expenses from Line 18 above	\$	<u>2,185.89</u>
c.	Monthly net income (a. minus b.)	\$	<u>23.11</u>

B6J (Official Form 6J) (12/07)

In re Maria C Chabez

Debtor(s)

Case No. _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

Cable/Internet	\$	65.00
Cellular Phone	\$	85.00
Total Other Utility Expenditures	\$	150.00

Other Expenditures:

Personal Grooming	\$	100.00
Drugstore necessities	\$	50.00
Postage	\$	25.00
Total Other Expenditures	\$	175.00

United States Bankruptcy Court
Northern District of Illinois

In re Maria C Chabez
Debtor(s)

Case No. _____
Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of
41 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date January 31, 2009

Signature /s/ Maria C Chabez
Maria C Chabez
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re Maria C Chabez

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$23,026.00
\$27,395.00
\$31,421.62

SOURCE
Debtor Employment Income 2006 - per Federal 1040
Debtor Employment Income 2007 - per Federal 1040
Debtor Employment Income 2008 - ytd per pay advice

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$1,080.00	Debtor Child Support Income 2008 - esimated ytd per pay advice

3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Abbeywood Management LLC vs Maria Chabez? Case #1LM612	Civil Judgement	DuPage County	Concluded
Jay W Zvolanek vs Maria Chabez Case #SC5900	Collection	Dupage County	Concluded

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Legal Helpers Sears Tower 233 S Wacker, Suite 5150 Chicago, IL 60606	2008	\$1739 paid towards total attorney fees of \$1329, filing fee of \$299, and other reimbursable expenses of \$111

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

■ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

■ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 31, 2009

Signature /s/ Maria C Chabez
Maria C Chabez
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re Maria C Chabez

Debtor(s)

Case No. _____

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: -NONE-	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date January 31, 2009

Signature /s/ Maria C Chabez

Maria C Chabez

Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Maria C Chabez

Debtor(s)

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>1,329.00</u>
Prior to the filing of this statement I have received.....	\$	<u>1,329.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning as needed.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, any document retrieval services, credit counseling and financial management course fees, post-discharge credit repair, judicial lien avoidances, preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods, relief from stay actions, motions to redeem or any other adversary proceeding, or preparation and filing of reaffirmation agreements and applications.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: January 31, 2009

/s/ Chau T. Nguyen

Chau T. Nguyen #6293470

Legal Helpers, PC

Sears Tower

233 S. Wacker Suite 5150

Chicago, IL 60606

(312) 467-0004 Fax: (312) 467-1832

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

<u>Chau T. Nguyen #6293470</u>	X <u>/s/ Chau T. Nguyen</u>	<u>January 31, 2009</u>
Printed Name of Attorney	Signature of Attorney	Date
Address:		
Sears Tower		
233 S. Wacker Suite 5150		
Chicago, IL 60606		
(312) 467-0004		

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

<u>Maria C Chabez</u>	X <u>/s/ Maria C Chabez</u>	<u>January 31, 2009</u>
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known) _____	X _____	_____
	Signature of Joint Debtor (if any)	Date

**United States Bankruptcy Court
Northern District of Illinois**

In re Maria C Chabez Debtor(s) Case No. _____
Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 131

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: January 31, 2009 /s/ Maria C Chabez
Maria C Chabez
Signature of Debtor

Maria C Chavez
613 E Jackson
Joliet, IL 60432

AMO Recoveries
7535 NE Ambassador Place
Suite B
Portland, OR 97220

CAB Services
60 Barney Dr
Joliet, IL 60435

Abbeywood Managment LLC
Please Provide

Applied Cark Bank
4700 Echange Court
Boca Raton, FL 33431

Capital Management Services
726 Exchange Street - Suite 700
Buffalo, NY 14210

ACA Recovery Inc
38 E Ridgewood Ave, #395
Ridgewood, NJ 07450

Arrow Financial Services
5996 W Touhy Ave
Niles, IL 60714

Capital One
PO Box 30285
Attn: Bankruptcy Dept
Salt Lake City, UT 84130-0285

Account Solutions Group LLC
205 Bryant Woods South
Buffalo, NY 14228

Asset Acceptance
PO Box 2036
Warren, MI 48090

CDA/Pontiac
415 E Main
PO Box 213
Streator, IL 61364

Adventist
La Grange Memorial Hospital
Po Box 9234
Hinsdale, IL 60522

Associated Pathologists of Joliet
PO Box 8660
Saint Louis, MO 63126

Certegy Recovery Services
3500 5th St.
Northport, AL 35476

AFNI, Inc
404 Brock Drive
PO Box 3427
Bloomington, IL 61701

Associated Radiologists of Joliet
39069 Treasury Center
Chicago, IL 60694

City of Naperville
Finance Department
400 S Eagle St
Naperville, IL 60540

Alliance One
1160 Centre Pointe Drive
Suite 1
Mendota Heights, MN 55120

At & T Wireless
P O Box 6451
Carol Stream, IL 60197-6451

Collection Co. of America
700 Longwater Dr.
Norwell, MA 02061-1624

Allied Interstate
3000 Corporate Exchange Dr
5th Floor
Columbus, OH 43231

AT&T
PO Box 8100
Chicago, IL 60607

Collection Professionals Inc
1256 W Jefferson
Suite 200
Joliet, IL 60435

America Online
General Post Office
PO Box 27156
New York, NY 10087-7156

AT&T Broadband
P.O. Box 600
Portage, IN 46368

Com Ed
Customer Care Center
PO Box 805379
Chicago, IL 60680

Cottonwood Financial
Please Provide

Dr Robert J. Duval
1125 Washington
Suite 202
Naperville, IL 60540

700 W Jefferson St
Joliet, IL 60431

Credit Protection Association, LP
13355 Noel Road
Dallas, TX 75240

Drive Financial
PO Box 15316
Wilmington, DE 19850

Fast Cash Advance
432L N Bolingbrook Drive
Bolingbrook, IL 60440

Creditors Discount & Audit
331 Fulton St
Suite 535
Peoria, IL 61602

Drive Financial
PO Box 5737
Carol Stream, IL 60197

Fidelity Financial Services
PO Box 5429
Katy, TX 77491

Creditors Discount & Audit Co
415 E Main St
PO Box 213
Streator, IL 61364

Dun & Bradstreet Receivable Mgmt
222 Pitkin St
PO Box 280419
East Hartford, CT 06128-0419

Financial Recovery Services
802 N Clinton St
Suite B
Bloomington, IL 61702-1007

Crest Hill Family Dental
2410-C Canton Farm Road
Coal City, IL 60416

Earthlink
PO Box 530530
Atlanta, GA 30353

Fischer Mangold Joliet
7535 Southfront Rd
Building B
Livermore, CA 94550

Dependon Collection Services
7627 Lake St.
210
River Forest, IL 60305

Edward Hospital & Health Services
801 S Washington St
Shorewood, IL 60404

Frank E Jeffers III
127 W Willow Ave
Wheaton, IL 60187

Dermatology Limited
2400 Glenwood Ave
Suite 126
Joliet, IL 60435

Edward J Jorot
2301 Glenwood Ave
Joliet, IL 60435

Genesis Clinical Labortory
3231 S Euclid Ave
Berwyn, IL 60402

Discover Financial Services
P.O. Box 3008
New Albany, OH 43054

EM Strategies Ltd
PO Box 1208
Bedford Park, IL 60499

Gold Key Credit Inc
625 US Highway
Suite 105
Key West, FL 33040

Dr Agustine Roland
1301 Copperfield Rd
Joliet, IL 60432

Encore Receivable Management
400 N Rogers Rd
Olathe, KS 66062

Goodwin, Bryan, and Schill
23220 Chargin Blvd # 204
Beachwood, OH 44122

Dr Dolar Koya
2215 Theodore St
Joliet, IL 60435

ERSolutions
500 SW 7th Street, #A100
P.O. Box Box 9004
Renton, WA 98057

Harvard Collection Services, Inc.*
166 W Washington
Suite 300
Chicago, IL 60602

Case No.	Doc	Filed	Entered	Desc	Main
Health Services Systems 415 E Main St Streator, IL 61364	09-03122	Doc 1	01/31/09	13:04:24	Page 63 of 65
Hinsdale Orthopaedic Assoc PO Box 914 La Grange, IL 60525					
Homecoming Financial Network 7801 Metro Parkway Suite 100 Minneapolis, MN 55425					
HSSI DBA New Lenox Family Medicine PO Box 294 Bedford Park, IL 60499					
IMBS PO Box 189053 Plantation, FL 33318					
Jay W Zvolanek DDS Please Provide					
JBC Legal Group 2 Broad Street, 6th Floor Bloomfield, NJ 07003					
Joliet Radiological Service Corp. 2208 Weber Rd Joliet, IL 60435					
Joliet Women's Health Center 201 N Hammes Ave Joliet, IL 60435					
KB Toys Please Provide					
KOA Financial Services, Inc 628 North Street PO Box 53 Geneva, IL 60134					
Kevin L String Co PO box 221406 Beachwood, OH 44122					
Kroger Check Recovery Services PO Box 30650 Salt Lake City, UT 84130-0650					
Lars Eric Ostling Please Provide					
Martel Management Ince 5 E Long St PO Box 490 Columbus, OH 43216					
Medical Recovery Specialists, Inc. 2200 E Devon Ave Ste 288 Des Plaines, IL 60018					
Meijer PO Box 3638 Grand Rapids, MI 49501-3638					
Mid America Bank 55th & Holmes Ave Clarendon Hills, IL 60514-1500					
Midwest Pediatrics LTD 2340 S Highland Suite 150 Lombard, IL 60148					
Millennium Credit Consultants PO Box 18160 West Saint Paul, MN 55118					
National Revenue Corporation 880 Grier Drive PO Box 94617 Las Vegas, NV 89119					
NCO Financial 507 Prudential Rd. Horsham, PA 19044					
Netzero Please Provide					
Nextel Communications Please Provide					
Nicor Gas PO Box 310 Aurora, IL 60507					
Norman G Kalina 38 E Ridgewood Ave #395 Ridgewood, NJ 07450					
Northland Group PO Box 390905 Edina, MN 55439					
Ocwen Loan Services PO Box 740616 Atlanta, GA 30374					
Office Max Please Provide					
OSI Collection Services, Inc PO Box 922 Brookfield, WI 53008					

Case 09-03122
Palmer, Reifler & Associates
1900 Summit Tower Blvd
Suite 820
Orlando, FL 32810

Doc 1

Filed 01/31/09 Entered 01/31/09 13:04:24 Desc Main Document Page 64 of 65
Provena Saint Joseph Medical Center
333 North Madison Street
Joliet, IL 60435

Schettler & Zukosky LLC
230 W Monroe
Suite 1420
Chicago, IL 60606

Park Family Dental
24047 W Lockport St
Suite 207
Plainfield, IL 60544

Providian
PO Box 660509
Attn: Bankruptcy Dept
Dallas, TX 75266-0509

Silver Cross Hospital
1200 Maple Road
Joliet, IL 60432

Pathology Laboratory Consultants
6965 Reliable Parkway
Chicago, IL 60686

Quest Diagnostics
1355 Mittel Boulevard
Attn: Patient Billing
Wood Dale, IL 60191

Silver Cross Hospital and Med Cn
1200 Maple Road
Joliet, IL 60432

Payday Loan Store
211C S Larken St
Joliet, IL 60436

Regional Adjustment Bureau
PO Box 2209
Addison, TX 75001

SM Servicing
PO Box 9500 Wilkes
Wilkes Barre, PA 18773

Pellettieri & Associated, LTD
991 Oak Creek Drive
Lombard, IL 60148

Remedy Financial
701 N Green Valley Parkway
Dept 200
Henderson, NV 89074

Sprint
Customer Service
PO Box 15955
Shawnee Mission, KS 66285

Portfolio Recovery Associates LLC
Dept 922
PO Box 4115
Concord, CA 94524

Revenue Cycle Partners
2870 Stoner Court
Suite 300
North Liberty, IA 52317

Stark Agency
416 Home St
Lansing, MI 48912

Prairie Emergency Services
PO Box 2669
Joliet, IL 60434

Risk Managment Alternatives
1829 Reistertown Rd.
Pikesville, MD 21208

Superior Asset, Inc
PO Box 1205
Oaks, PA 19456

Prince-Parker & Associates
PO Box 474690
Charlotte, NC 28247-4690

Roland Pediatrics
1301 Coperfield Ave
Suite 201
Joliet, IL 60432

T-mobile
Bankruptcy Department
PO Box 37380
Albuquerque, NM 87176

Prodigy Communications
6500 River Place Blvd
Building 3
Austin, TX 78730

Safeway
PO Box 29239
Phoenix, AZ 85038-9239

TCF National Bank
800 Burr Ridge Parkway
Burr Ridge, IL 60521

Professional Account Management LLC
Collection Services Division
Milwaukee, WI 53201

Saint Joseph Medical Center
333 N Madison St
Joliet, IL 60435

Telecheck Recovery Services, Inc*
801 Adlai Stevenson Drive
Springfield, IL 62703

The Cash Store
1901 Gateway Dr
Irving, TX 75063

Tomasik, Francis G MD
Please Provide

Toys R Us
1 Geoffrey Way
Dept T5CKS
Wayne, NJ 07470

Trauner, Cohen & Thomas
2880 Dresden Dr
Atlanta, GA 30341-3920

TRS Recovery Services, Inc
5251 Westheimer
Houston, TX 77056

United Collection Bureau, Inc
5620 Southwyck Blvd
Suite 206
Toledo, OH 43614

United Financial
Please Provide

United Online Collections Division
PO Box 6578-BD
Westlake Village, CA 91359-9930

US Cellular
PO Box 94250
Palatine, IL 60094-4250